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Bib Data Sheet

CONFIRMATION NO. 4446

|   |   |                               |   |   |
|---|---|-------------------------------|---|---|
| <b>SERIAL NUMBER</b><br>10/083,024  | <b>FILING DATE</b><br>02/26/2002<br><b>RULE</b>   | <b>CLASS</b><br>381           | <b>GROUP ART UNIT</b><br>2643   | <b>ATTORNEY DOCKET NO.</b><br>45568-00040 |
| <b>APPLICANTS</b><br>Douglas Alan Miller, Lafayette, CO;<br>Scott Allan Miller III, Golden, CO;   |   |                               |   |   |
| <b>** CONTINUING DATA *****</b>   |   |                               |   |   |
| <b>** FOREIGN APPLICATIONS *****</b>  |   |                               |   |   |
| <b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **</b><br><b>** 03/22/2002</b>   |   |                               |   |   |
| Foreign Priority claimed<br><input type="checkbox"/> yes <input checked="" type="checkbox"/> no<br>35 USC 119 (a-d) conditions met<br><input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance<br>Verified and Acknowledged | Examiner's Signature<br><i>Travis C. Stephenson</i><br>Initials   | <b>STATE OR COUNTRY</b><br>CO | <b>SHEETS DRAWING</b><br>13   | <b>TOTAL CLAIMS</b><br>31                 |
| <b>INDEPENDENT CLAIMS</b><br>2  |   |                               |   |   |
| <b>ADDRESS</b><br>Travis C. Stephenson, Esq.<br>Suite 411<br>3151 South Vaughn Way<br>Aurora ,CO 80014  |   |                               |   |   |
| <b>TITLE</b><br>Method and system for external assessment of hearing aids that include implanted actuators  |   |                               |   |   |
| <b>FILING FEE RECEIVED</b><br>469   | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: |                               | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |   |